

Falls resulting in serious injury or death continue to occur in assisted living settings. In 2013 there were nearly 2000 reported falls with injury among assisted living residents in Wisconsin. For this reason, the Division of Quality Assurance (DQA) is reminding assisted living providers of the need to identify residents at risk for falls and to implement strategies for falls prevention.

Falls Risk Assessment

Falls prevention begins with identifying those residents who are at risk for falls. A thorough assessment should take place prior to admission and whenever there is a change in the resident's condition.

The following factors may predict an individual's likelihood of falling:

- Diminished level of consciousness or impaired mental status
- Incontinence or need for toileting assistance
- Impaired gait or balance, including the use of assistive devices
- Diminished vision
- A history of falls within the past three months
- Medications including psychotropics, antihypertensives, diuretics, sedatives, narcotics, or hypoglycemics
- Other medical conditions including but not limited to low blood pressure, Parkinson's Disease, arthritis, diabetes, vertigo or stroke

Various tools are also available for determining balance and gait. Commonly used tools include the Tinetti Gait and Balance Instrument and the Berg Balance Test.

Interventions to Prevent Falls

Once risks are identified, the resident's individual service plan should contain approaches to prevent falls from occurring. The following are some examples of interventions:

- OT/PT recommendations
- Teaching correct use of assistive devices
- Environmental modifications such as lighting, location of furniture, clear pathways, low bed
- Daily schedule modifications
- Anticipation of needs including position changes and ambulation, toileting, food or fluids
- Physical assistance with daily living activities
- Supervision
- Pain management
- Padded clothing, such as hip protectors
- Proper footwear

In addition, care givers need to be trained to correctly transfer residents according to the identified needs in the individual service plan. This includes proper use of mechanical lift and transfer devices, as well as gait belts.

Responding to a Fall

Facility procedures should provide clear direction to staff upon discovery of a fallen resident. In the absence of a nurse, direct care staff need to be able to recognize possible injury to an individual and respond accordingly. Procedures should direct staff in giving immediate assistance to the individual, providing basic first aid and notifying emergency medical professionals. Staff should also receive direction in monitoring for complications after a fall occurs.

Investigation of Falls

Every fall should result in a post-fall assessment to determine the cause of the fall and the need for additional or modified interventions. Comprehensive reporting information will identify date, time, location, a description of what the individual was doing, assistive devices in use and their condition, environmental status and physical or mental condition of the person prior to the fall. A review of the circumstances surrounding the fall, the individual's general health at the time of the fall, medication changes and patterns of previous falls can provide information regarding environmental or health factors that could be involved.

In addition, facilities should have written policies and procedures to address staff response following a fall by a resident. This includes immediate response and first aid, obtaining medical treatment, documentation and notification.

Applicable Wisconsin Regulations Related to Falls

Adult Day Care

ADC Standards I.C ASSESSMENT AND SERVICE PLAN DEVELOPMENT

(2) The service plan to meet the person's identified needs at the program shall be completed and implemented within 30 days of admission and include:

- (a.) A comprehensive written assessment of the participant's functional abilities and disabilities, strengths and weaknesses, personal habits, preferences and interests, likes and dislikes, medical condition and any other information helpful to developing the service plan, such as a life review.
- (b) A statement of the services and activities the program will provide in order to meet those needs ...

I.C.(3) The individualized service plan will be reviewed and updated every six months or more often as warranted by changes in the participant's functioning, health condition or preferences. Changes shall be documented in the participant's record.

III.B. SAFETY

(2) Stairs, walks, ramps, and porches shall be maintained in a safe condition.

Adult Family Homes

DHS 88.04(2)(f) The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm.

DHS 88.05(3)(a) An adult family home shall be safe, clean, The home shall be free from hazards and kept uncluttered and free of dangerous substances ...

DHS 88.06(3)(c) The assessment shall identify the person's needs and abilities in at least three areas of daily living, medications, health, level of supervision required in the home and community,

DHS 88.06(3)(f) The individual service plan shall be reviewed at least once every 6 months ... This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially ...

DHS 88.07(2)(b) Services shall include but are not limited to:

6. Notifying the placing agency, if any, and guardian, if any, of any significant change in a resident's medical condition, including any life-threatening, disabling or serious illness, any illness lasting more than 3 days, an injury sustained by the resident, medical treatment needed by the resident ...

DHS 88.10(3)(L) A resident shall have all of the following rights... To a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or handicap.

DHS 88.10(3)(p) right to *Prompt and adequate treatment*. To receive prompt and adequate treatment and services appropriate to the resident's needs.

Community-Based Residential Facilities

DHS 83.32(3)(n) right to *Safe environment*. Live in a safe environment. The CBRF shall safeguard resident from the environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents' conditions or disabilities.

DHS 83.32(3)(i) right to *Prompt and adequate treatment*. Receive prompt and adequate treatment that is appropriate to the resident's needs.

DHS 83.35(1)(c) *Areas of Assessment* The assessment, at a minimum, shall include all of the following areas applicable to the resident:

1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care.

7. The assessment, at a minimum, shall include all of the following areas applicable to the resident.....risks, including, choking, falling, and elopement.

DHS 83.35(3)(a) COMPREHENSIVE INDIVIDUAL SERVICE PLAN *Scope*... The individual service plan shall include all of the following:

1. Identify the resident's needs and desired outcomes.

2. Identify the program services, frequency and approaches under s. DHS 83.38(1) the CBRF will provide.

DHS 83.35(3)(d) *Individual service plan review*. Annually or when there is a change in a resident's needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1).

DHS 83.38(1)(b) *Supervision*. The CBRF shall provide supervision appropriate to the resident's needs.

Residential Care Apartment Complexes

DHS 89.23(3)(d) Services shall be appropriate to the needs, abilities and preferences of tenants as identified in the comprehensive assessment, service agreement and risk agreement.

DHS 89.26(1) A comprehensive assessment shall be performed prior to admission for situations or conditions which could put the tenant at risk of harm or injury.

DHS 89.26(4) A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would necessitate a change in the service or risk agreement.

DHS 89.34(17) A tenant shall have all the rights listed in this section...To a safe environment in which to live.

Resources for additional information

Wisconsin Department of Health Services Older Adult Fall Prevention
Additional links and resources

<http://www.dhs.wisconsin.gov/health/InjuryPrevention/FallPrevention/index.htm>

National Council on Aging
Falls Prevention Initiative

<http://www.ncoa.org/improve-health/falls-prevention/>

[DQA Focus Conference 2012](#)

[Listing of breakout session webcasts, including those addressing falls prevention](#)

http://www.dhs.wisconsin.gov/rl_Dsl/Training/focus12/index.htm

U.S. department of Veterans Affairs National Center for Patient Safety
Falls Toolkit

<http://www.patientsafety.va.gov/professionals/onthejob/falls.asp>

Texas department of Aging and Disability Services

Links to clinical practice guidelines, assessment tools and handouts

<http://www.dads.state.tx.us/qualitymatters/qcp/fall/nf.html>

Alzheimer's Association

Traumatic brain injury caused by falls

<http://www.alz.org/dementia/traumatic-brain-injury-head-trauma-symptoms.asp>

Center for Health in Aging and the Emory University Division of Geriatric Medicine and Gerontology

The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities

<http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspix/fallspxmanual.pdf>

Centers for Disease Control and Prevention

Preventing Falls in Older Patients

http://www.cdc.gov/homeandrecreationalsafety/pdf/steadipocket_guide_preventing-falls.pdf

Centers for Disease Control and Prevention

STEADI tool kit materials for health care providers

<http://www.cdc.gov/homeandrecreationalsafety/Falls/steady/index.html>

[Tennessee Department of Intellectual and Developmental Disabilities](#)

[Preventing Falls: A Resource Manual](#)

http://www.tn.gov/didd/health_services/Preventing%20Falls%20Resource%20Manual%20071312.pdf

[Wisconsin Department of Health Services](#)

[Stepping On falls prevention program](#)

<http://www.dhs.wisconsin.gov/aging/CDSMP/SteppingOn/index.htm>

Washington State Department of Health

Stay Active and Independent for Life: An Information Guide for Adults 65+

<http://here.doh.wa.gov/materials/stay-active-and-independent-for-life-an-information-guide-for-adults-65>